## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/590 841 FILING DATE

APPLICANT(S)

## CLAIMS

ļ						(
	AS FILED		AFTER I"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				<b></b>	
-3	<del> </del>				<u> </u>	ļ
4	<del> </del>	+ /-		<del> </del>	ł	<u> </u>
5	<del> </del>	<del>  /-  </del>			<del> </del>	
6		/			<u> </u>	<del> </del>
7	, ,	1			1	
8 -	ļ	/				
9						
10					<b>!</b>	
12		- \				
13					<del> </del>	
14						
15						
16						
17						
18 19						
20						<u> </u>
21						
22						
23						
24						
25 26						
27						
28						
29	76.					
30						
31						
32						
34						
35 36						
37						
38						
39						
40						
42						
43						
44						<del></del>
45						
46						
47						
48		——J-				
50					i	
TOTAL	<del>-,  </del>			<del>-</del>		
IND.		▼ [		▼		₩
TOTAL DEP.	8	<b>+</b>		<b>(-</b>		<b>(</b>
TOTAL CLAIMS	9					

IND.	DEP.	IND.	n 200		
		IND.	DEP.	IND.	DEP.
			<u> </u>		
·		<del></del> -	ļ	,	:
	·				
			ļ		
			ļ	ļ	
·			<del> </del>		
			<del></del>	-	
			<u> </u>		
		<del></del>			
			-		
		-	``		
					<del></del>
		-		1,-12	
				<del></del>	
	#		+		#
	<b>(=</b>		<b>(-</b>		<b>4</b>